

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XV, No. 45

December 5, 1936

GUY P. JONES
EDITOR

Second Course for Sanitary Inspectors Announced

In order to assist the state health departments in the training of public health personnel, the University of California has again organized a special training course of twelve weeks' duration. These classes are made possible by the United States Public Health Service under the Social Security Act and funds for the education of certain public health workers have been allotted to the various states. Sanitarians and sanitary inspectors are eligible for attendance upon this course which will be given during the spring semester. These individuals may be admitted upon recommendation of their state health officers provided that they have met certain requirements relating to age and education. The object of these courses is to train those who are already employed in health departments in order to raise the standards of performance.

The activities of the modern sanitarian and sanitary inspector are very broad in their scope. In his daily contacts he meets professional men, technical experts, tradesmen, and in the general public, men in the highest and lowest positions of life. To correctly interpret scientific data and to reasonably enforce public health laws requires diplomacy, integrity, ingenuity, and to be trained in the fundamentals and techniques of his work.

It is the objective of this training course to encourage the adoption of a professional attitude and to teach

the fundamentals of environmental sanitation and the control of communicable diseases. As an assistant to the health officer, he will be given basic information concerning administration, the keeping of vital records, and public health education.

The eight weeks' intramural instruction will consist of lectures, conferences, laboratory practice and group field trips. Following this there will be four weeks' practice in city and county health departments where practical field techniques will be demonstrated on routine inspections.

Final reports of the students' progress will be sent to each state health officer. This report will include grades on class and field work and an evaluation of the individual's ability as an inspector.

ENTRANCE REQUIREMENTS

Since the sanitarian in a rural health department assumes a very important and responsible position, it is advisable that the applicants for this course have a bachelor's degree from a recognized institution of learning.

To meet the present emergency, sanitary inspectors will be admitted who have been graduated from high school, preference being given to those who have had several years of college.

Both groups must present evidence of ability in health and sanitation work and experience in contact with the general public.

At the time of registration they must not have reached their 36th birthday.

SYLLABUS

1. PUBLIC HEALTH ADMINISTRATION AND ORGANIZATION.

Theory: History of growth of public organizations; Federal, State, City, County, and District; appraisal forms; duties of the Sanitary Inspector; public relations of the Sanitary Inspector; public health education; public health laws; forms, reports and office organization; principles of a sanitary survey in a small town; relationship of the Sanitary Inspector to the Sanitary Engineer.

Practice: Development of records, forms, and sanitary survey forms; seminar on public health surveys; problems in public contact; sanitary survey of a small town; court room procedure.

2. COMMUNICABLE DISEASES AND THEIR CONTROL.

Theory: History of communicable diseases; fundamentals of bacteriology, communicable disease control; bacteriology as applied sanitation; control of communicable diseases—cutting infection chains; reportable diseases—A.P.H.A. list; quarantine and isolation; disinfection and disinfectants; hygienic laboratory practices.

Practice: Collection, preparation, and shipping of samples; interpretation of analyses; simple laboratory tests—disinfectants; field procedure and laboratory methods used in the control of rabies, food poisoning, plague; communicable disease aseptic technique.

3. GENERAL EPIDEMIOLOGY AND VITAL STATISTICS.

Theory: History of epidemics; types of epidemics; collection and analysis of data; population studies; rates and correction of rates.

Practice: Epidemiological studies; preparation of charts, maps, and reports; map making; analysis of census reports; use of graphic methods.

4. SANITATION AND SANITARY INSPECTION.

(a) WATER SUPPLY.

Theory: Bacteriology and chemistry of water; water-borne diseases and epidemics; protection and treatment of water supplies; types of water supplies in rural areas; location and protection of wells; cross connections; emergency treatment of small water supplies.

Practice: Standard methods of water analysis; sampling and the interpretation of analyses; collection, identification, and control of plankton; inspection of watersheds, wells, reservoirs, treatment plants.

(b) SEWAGE DISPOSAL.

Theory: Methods of sewage disposal; sewage problems in rural areas; location, construction, and operation of cesspools, septic tanks, chemical closets, and privies.

Practice: Inspection of sewage treatment plants, cesspools, septic tanks, privies, chemical closets, and industrial waste problems.

(c) REFUSE DISPOSAL.

Theory: Refuse disposal in rural areas; methods of collection and disposal.

Practice: Inspection of dumps, hog farms, incinerators, sanitary fill, and garbage wharf.

(d) RECREATIONAL SANITATION.

Theory: Sanitation in recreational areas; construction and operation of swimming pools; location, construction, and operation of recreational areas.

Practice: Inspection of pools, picnic grounds, and resort areas.

(e) FOOD.

Theory: Nutrition and malnutrition; enforcement of the Federal Food and Drugs Act; functions of the State Bureau of Food and Drugs; problems of the local food inspector—construction of building and equipment, operation and sanitary

maintenance, adulteration and mislabeling, sampling, quarantine, condemnation; cannery inspection.

Practice: Inspection of retail food stores, processing plants, canneries.

(f) MILK.

Theory: Relation of milk to public health; milk sampling; technique of inspecting pasteurizing plants; dairy construction; standard methods of milk analysis; bacteria in milk; bacteriological aspects of pasteurization.

Practice: Scoring dairies; scoring pasteurizing plants; laboratory work in milk testing.

(g) MEAT.

Theory: Sanitary construction and operation of slaughter houses; sanitation of meat and meat products; public health aspects of meat, fish and poultry.

Practice: Inspection of meat markets, slaughter houses, and chicken and rabbit abattoirs; antemortem and postmortem inspection.

(h) HOUSING.

Theory: Public health factors involved in housing; municipal housing problems; rural school sanitation; labor and auto camps; heating, lighting, and ventilation; plumbing and cross connections.

Practice: Inspection of dwellings, apartment houses and hotels; inspection of schools, labor and auto camps.

(i) MEDICAL ZOÖLOGY.

Theory: Insects important to public health, life habits, control; rodent control measures; mosquito control measures.

Practice: Identification and study of life cycle of insects and vermin, laboratory; methods and equipment for controlling sylvatic plague; visit to mosquito abatement district; material, equipment and construction for rodent control.

(j) GENERAL SANITATION.

Theory: Miscellaneous problems; blue print reading; animal regulations and zoning; odors and noises; industrial sanitation.

Practice: Inspections, miscellaneous problems; laboratory, blue print reading as applied to housing, food, milk, meat, recreational sanitation, refuse, water, sewage; factory inspection.

Tuition fee for the Special Training Course for Sanitarians and Sanitary Inspectors, \$125.00. For further details write to: K. F. Meyer, M.D., Director Curricula in Public Health University of California, 3525 Life Sciences Building, Berkeley, California.

BEER

A routine inspection disclosed a large lot involving many thousand cases of canned beer to be unfit for consumption. Following laboratory analyses a part of the lot (approximately 4000 cases) in one warehouse was quarantined, and the balance is being concentrated for quarantine.

The ladder of life is full of splinters, but they always prick the hardest when we're sliding down.—W. L. Brownell.

Knowledge is power; the exercise of a self-developed skill is joy; and these are the parents of enthusiasm, which can ward off "the slings and arrows of outrageous fortune," and conquer the world.—Clinical Medicine and Surgery, Dec., 1934.

FALSE NOTIONS

By PROFESSOR LEON J. RICHARDSON,
Director, University of California Extension Division

False notions have a strange way of dogging us. They spring up like wolves on the Russian steppes. After the Greek philosophers pointed out the true shape of the earth, people nevertheless went on viewing it as flat. That idea persisted through the times of Tacitus and of Dante till the age of Columbus. Sometimes a false notion develops astonishing virulence. Such was the witchcraft delusion, which throughout centuries did its baleful work in Europe and America. The consequent persecution caused the death of innocent persons numbering hundreds of thousands. All the woe might have been avoided if people had learned to think clearly.

As the farmer has to dig weeds out of his field, so people, to become enlightened, must get rid of false notions. Many have been exploded: the belief, for example, that night air is unwholesome; that a sick man should be bled; that "love apples" produce disease; that phases of the moon affect planting; that muggy weather portends earthquakes. No one can say how many false notions still infest our world. Were the truth told, we should be astonished at their number. Quacks rely on some of them to sell their nostrums. False notions are now and then uncovered but nevertheless continue to baffle us. Such, for example, is war madness. Sensible persons know how evil it is, but can not yet cast the demon out. If people thought clearly about social values, the war problem and many others would vanish.

Two false notions are in a fair way of being exploded. By one the intellectual life was supposed to be enjoyed only by the privileged and wealthy; unless one had been at Oxford or Harvard there was no hope. But attention was finally drawn to Charles Lamb and others like him; what they accomplish through their own efforts and with modest means is bringing new hope to aspiration. Again, people long ago got to thinking education ended in youth; a man, they assumed, could do nothing for his mind after school days were over. But wide awake persons learn indefinitely; they continue to better life as they live. Achievement depends on the will. A man with the ambition to develop himself and so make the most of what nature has given him, will go far; usually he will himself be to blame if he is balked.

The peak of human physical efficiency is reached at about the age of 24.

Painted fingernails were fashionable in Egypt 1000 B.C.

UNDULANT FEVER IN THE UNITED STATES

In proportion to population nine states had higher morbidity rates for undulant fever in 1935 than California. There were 222 cases reported in the state of New York and 150 cases in California. The rate per 100,000 population for New York was 1.72 and for California, 2.66. The Vermont, Kansas, Arizona, Iowa, Minnesota, Florida, Connecticut, Idaho and Wisconsin rates were higher than that for California.

Following are the numbers of cases and the rates per 100,000 population for each of the states in the year 1935:

Cases of Undulant Fever, United States—1935

State	Est. population July 1, 1935 U. S. Census Bureau	Cases	Rate per 100 M
Alabama	2,834,000	54	1.91
Arizona	386,000	18	4.66
Arkansas	1,999,000	18	0.90
California	5,639,000	150	2.66
Colorado	1,062,000	1	0.09
Connecticut	1,717,000	59	3.44
Delaware	256,000	4	1.56
Florida	1,614,000	68	4.21
Georgia	3,345,000	28	0.84
Idaho	479,000	16	3.34
Indiana	3,429,000	13	0.38
Iowa	2,534,000	112	4.42
Illinois	7,817,000	144	1.84
Kansas	1,848,000	98	5.30
Kentucky	2,846,000	39	1.37
Louisiana	2,120,000	48	2.26
Maine	845,000	20	2.37
Maryland	1,669,000	38	2.28
Massachusetts	4,375,000	42	0.96
Michigan	4,661,000	73	1.57
Minnesota	2,627,000	113	4.30
Mississippi	1,961,000	9	0.46
Missouri	3,913,000	8	0.20
Montana	531,000	7	1.31
Nebraska	1,364,000	5	0.37
Nevada	99,000	1	1.01
New Hampshire	502,000	3	0.60
New Jersey	4,288,000	32	0.75
New Mexico	402,000	4	1.00
New York	12,889,000	222	1.72
North Carolina	3,417,000	31	0.91
Ohio	6,707,000	69	1.03
Oregon	1,008,000	19	1.88
Pennsylvania	10,066,000	81	0.80
Rhode Island	681,000	15	2.20
South Carolina	2,012,000	19	0.94
Tennessee	2,904,000	7	0.24
Texas	6,077,000	46	0.76
Utah	515,000	9	1.75
Vermont	377,000	27	7.16
Virginia	2,637,000	38	1.44
Washington	1,633,000	35	2.14
West Virginia	1,816,000	3	0.17
Wisconsin	2,908,000	89	3.06
Wyoming	232,000	1	0.43
Total			1936

The Kansas State Board of Health made a study of death by accidental burns and found that during the past 10 years 57 per cent of them in Kansas occurred in the kitchen.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
November 28, 1936

Chickenpox

369 cases: Alameda County 7, Albany 1, Berkeley 4, Hayward 2, Oakland 25, Chico 1, Contra Costa County 3, Pittsburg 3, Kingsburg 4, Orland 3, Eureka 4, Imperial County 7, El Centro 1, Imperial 1, Bakersfield 1, Hanford 2, Lassen County 4, Los Angeles County 61, Beverly Hills 1, El Monte 4, Glendale 1, Glendora 3, Huntington Park 2, Long Beach 17, Los Angeles 46, Pasadena 2, Pomona 2, San Fernando 1, San Marino 8, South Gate 1, Monterey County 1, Carmel 1, Monterey 2, Grass Valley 2, Anaheim 1, Fullerton 1, Santa Ana 1, Laguna Beach 1, Corona 3, Riverside 5, Sacramento 3, San Bernardino County 6, Ontario 8, Redlands 1, San Bernardino 1, San Diego County 6, San Diego 3, San Francisco 38, Stockton 1, San Luis Obispo County 5, Paso Robles 1, San Mateo County 1, Burlingame 3, Daly City 3, South San Francisco 1, Santa Clara County 5, Palo Alto 16, San Jose 2, Sonoma County 1, Healdsburg 1, Santa Rosa 1, Tehama County 1, Tulare County 7, Ventura County 10, Fillmore 1, Marysville 3.

Diphtheria

62 cases: Alameda County 1, Berkeley 1, Oakland 4, Fresno County 1, Kern County 1, Bakersfield 1, Los Angeles County 1, Los Angeles 19, Madera County 2, Marin County 1, San Anselmo 1, Monterey County 1, Orange County 2, Santa Ana 1, Placer County 2, Riverside County 5, Sacramento 2, San Bernardino County 1, San Diego 4, San Francisco 1, San Joaquin County 1, Sonoma County 1, Turlock 3, Oxnard 1, Ventura 4.

German Measles

15 cases: Albany 1, Berkeley 1, Los Angeles 2, Pasadena 3, Grass Valley 1, Anaheim 1, San Francisco 5, Ventura County 1.

Influenza

66 cases: Lassen County 5, Los Angeles County 27, Alhambra 1, El Monte 7, Los Angeles 11, Pasadena 1, Brea 2, Fullerton 1, La Habra 1, Riverside County 1, Sacramento County 1, Sacramento 1, San Francisco 3, Santa Maria 2, Benicia 1, Marysville 1.

Measles

27 cases: Berkeley 2, Oakland 1, Fresno 1, Los Angeles County 3, Burbank 2, Glendale 1, Long Beach 1, Los Angeles 4, Santa Monica 2, Madera 1, Grass Valley 2, Newport Beach 1, Santa Ana 1, San Diego County 2, San Diego 1, Tulare County 1, Ventura 1.

Mumps

420 cases: Alameda County 1, Alameda 1, Berkeley 11, Oakland 2, Chico 1, Oroville 7, Pittsburg 8, Richmond 3, Fresno County 5, Fresno 1, Orland 12, Humboldt County 1, Eureka 17, Imperial County 1, Kern County 4, Kings County 5, Los Angeles County 33, Alhambra 3, Beverly Hills 2, Burbank 3, Compton 4, Glendale 3, Hermosa 10, Huntington Park 1, Inglewood 3, Long Beach 2, Los Angeles 38, Pasadena 23, San Fernando 1, Santa Monica 3, South Pasadena 2, Whittier 2, Lynwood 3, Hawthorne 1, Maywood 1, Bell 2, Orange County 11, Brea 1, Orange 4, Santa Ana 11, Tustin 1, Riverside County 7, Corona 1, Riverside 37, Sacramento 6, San Bernardino County 5, Chino 1, Ontario 1, San Bernardino 1, San Diego County 5, Coronado 3, San Diego 22, San Francisco 24, San Luis Obispo 1, San Mateo County 1, Burlingame 7, San Mateo 1, Lompoc 2, Santa Barbara 6, San Jose 3, Sonoma County 2, Healdsburg 3, Santa Rosa 1, Sutter County 1, Tulare County 1, Porterville 2, Ventura County 9, Fillmore 4, Santa Paula 4, Ventura 5, Davis 3, Woodland 2, California 1.*

Pneumonia (Lobar)

45 cases: Contra Costa County 1, Placerville 1, Lassen County 3, Los Angeles County 5, El Monte 1, Glendale 1, Los Angeles 18, Kings City 1, Napa 1, Sacramento 3, Escondido 1, San Diego 3, San Francisco 4, Paso Robles 1, Stanislaus County 1.

Scarlet Fever

244 cases: Alameda 1, Oakland 7, Chico 5, Contra Costa County 4, Antioch 2, Walnut Creek 2, Fresno County 2, Fresno 4, Humboldt County 1, Kern County 8, Bakersfield 1, Lassen County 2, Los Angeles County 9, Alhambra 3, Arcadia 1, Burbank 2, El Monte 1, Glendale 4, Huntington Park 4, Inglewood 1, La Verne 1, Long Beach 1, Los Angeles 35, Pasadena 1, San Gabriel 1, Whittier 2, Hawthorne 2, South Gate 1, Marin County 2, Mill Valley 1, Ross 1, San Anselmo 13, Merced 6, Napa County 1, Orange County 3, Fullerton 1, Huntington Beach 1, Placer County 4, Auburn 6, Plumas County 1, Riverside 1, Sacramento County 4, Sacramento 13, San Bernardino County 1, Redlands 1, San Diego County 1, San Diego 6, San Francisco 14, San Joaquin County 6, Stockton 4, Tracy 1, Burlingame 5, Hillsborough 2, San Bruno 1, Santa Barbara County 1, Lompoc 4, Santa Barbara 1, Santa Clara County 3, Mountain

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

View 1, San Jose 4, Watsonville 1, Shasta County 2, Vallejo 7, Sonoma County 2, Stanislaus County 1, Tulare County 5, Ventura County 1, Ventura 2, Davis 1.

Smallpox

5 cases: Los Angeles 3, Siskiyou County 1, California 1.*

Typhoid Fever

16 cases: Madera County 10, San Joaquin County 1, Sutter County 1, Tulare County 3, Yolo County 1.

Whooping Cough

231 cases: Alameda County 1, Alameda 3, Berkeley 1, Oakland 2, Fresno County 1, Los Angeles County 41, Alhambra 2, Azusa 1, Burbank 1, Glendale 1, Hermosa 4, Long Beach 1, Los Angeles 38, Pasadena 2, Santa Monica 1, Sierra Madre 2, South Pasadena 1, Whittier 2, Fort Bragg 20, Orange County 9, Anaheim 12, Brea 1, Riverside County 8, Corona 4, Sacramento 2, San Diego County 7, El Cajon 2, San Diego 3, San Francisco 27, San Joaquin County 1, San Luis Obispo County 2, Paso Robles 1, San Luis Obispo 2, Santa Barbara County 1, Santa Barbara 5, Santa Maria 4, Tulare County 2, Ventura County 8, Oxnard 1, Woodland 1, Escondido 3.

Meningitis (Epidemic)

6 cases: Amador County 1, Los Angeles 1, Riverside County 1, San Bernardino County 1, San Francisco 1, California 1.*

Dysentery (Amoebic)

4 cases: Oakland 1, Los Angeles County 1, Riverside County 1, Siskiyou County 1.

Dysentery (Bacillary)

2 cases: Kern County 1, Sonoma County 1.

Ophthalmia Neonatorum

One case: Los Angeles County.

Pellagra

3 cases: Los Angeles 1, Riverside County 1, San Francisco 1.

Poliomyelitis

9 cases: Berkeley 1, Fresno County 1, Kern County 1, Los Angeles 2, Riverside 1, San Diego 1, San Francisco 1, Santa Clara County 1.

Tetanus

2 cases: Merced County 1, Sonoma County 1.

Trachoma

One case: Riverside County.

Encephalitis (Epidemic)

One case: Sanger.

Food Poisoning

6 cases: Los Angeles.

Undulant Fever

5 cases: Huntington Park 1, Los Angeles 2, Siskiyou County 1, Tulare County 1.

Coccidioidal Granuloma

One case: Fresno County.

Septic Sore Throat (Epidemic)

One case: Lake County.

Rabies (Animal)

17 cases: Berkeley 1, Los Angeles County 5, Alhambra 1, Glendale 1, Long Beach 1, Los Angeles 6, Pomona 1, Redlands 1.

Can you account him wise or discreet that would willingly have his health and yet will do nothing that should procure or continue it?—Robert Burton.

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